

Name

in
Full

CERTIFICATE OF DEATH

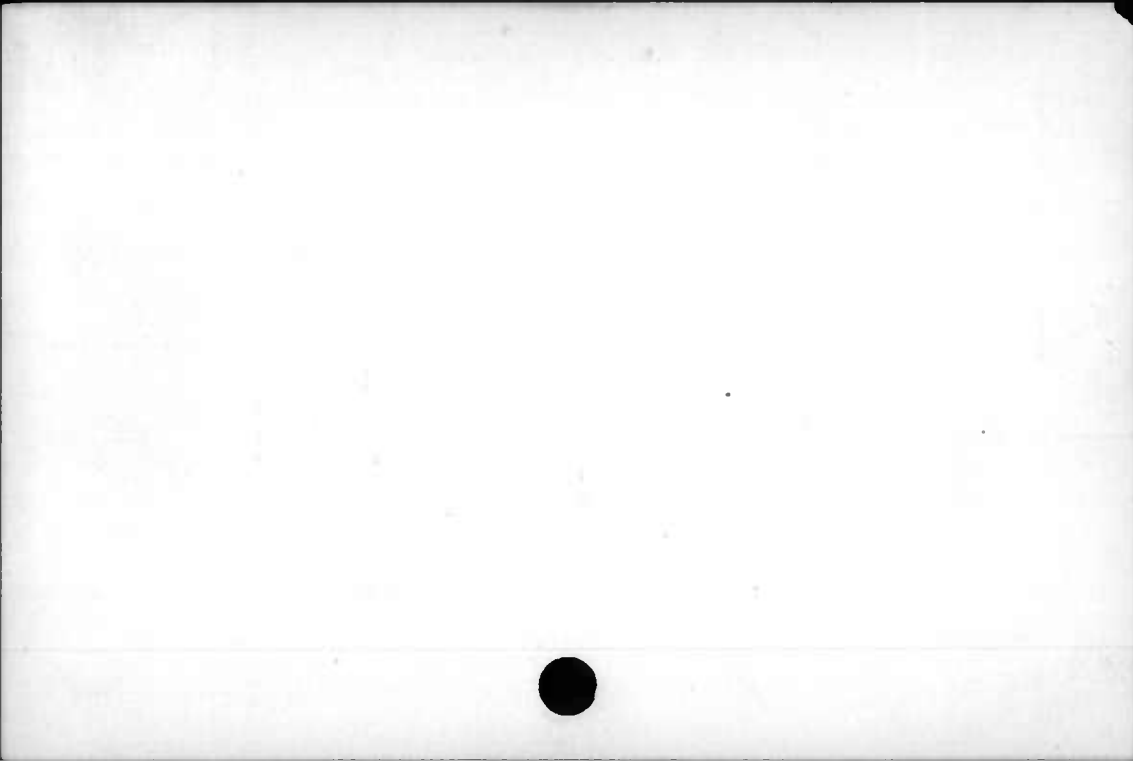
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>19</i>	Years <i>73</i>	Months		Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Teacher. since 7 yrs ago</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Truude</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>—</i>				How related to deceased <i>106</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>7 yrs</i>
Immediate <i>Acute diarrhoea</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Linthicum</i>
	Address <i>Rockville</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

Augusta Harlan Barnitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roma Park

Town

County

MARYLAND

Date

of death 190

5

Month

2

Day

2

Age

Years

74

Months

7

Days

Sex

F

Color or
Race

W

Birth-
placeMarried, Single
☒ Widowed

Occupation

Name of Wife or
Husband

W. C. Plerson Barnitz

Father's
Name

Timothy J. Harrison

Father's
Birthplace

Md

Mother's
Maiden Name

Anna R. Maddox

Mother's
BirthplaceName of person giving
in formation

Richard H. Barnitz

How related
to deceased

Son

CAUSES OF DEATH

Primary

How long

Immediate

Cerebral hemorrhage

How long

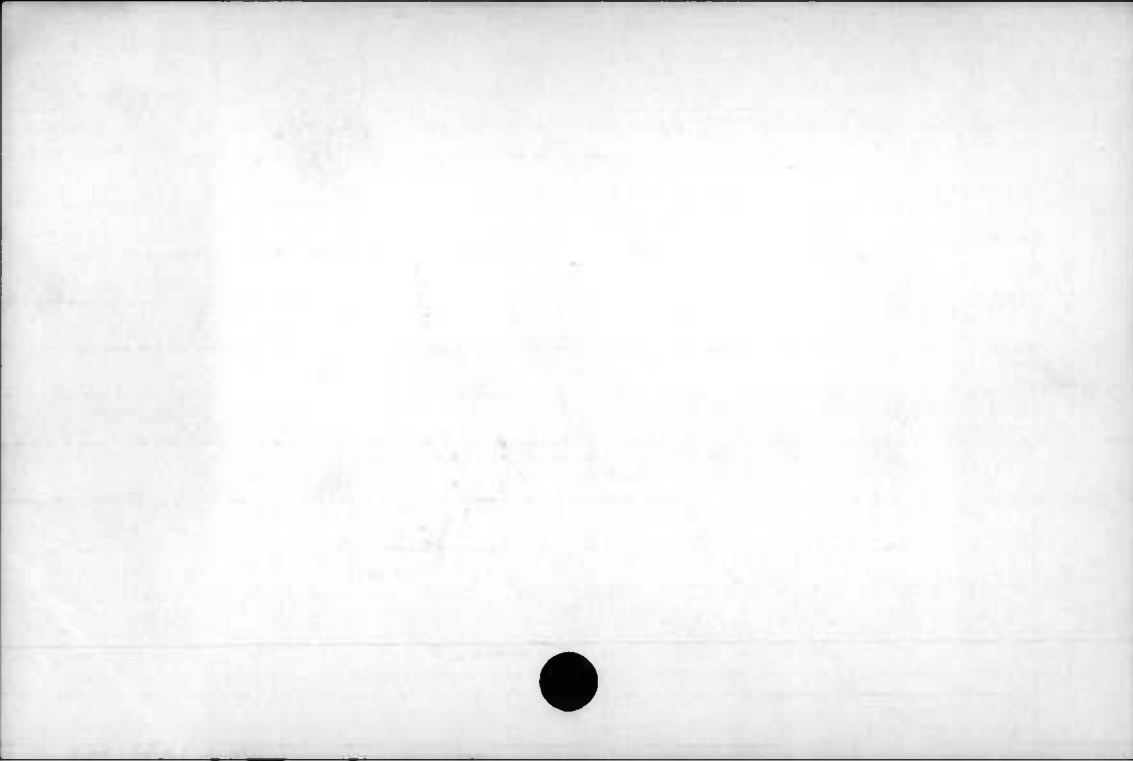
3 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Alfred T. Parsons,
Roma Park,PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

William Chester Bowman

Town

County

MARYLAND

Died at

Laytonville

Montgomery

Date

Month

Day

Years

Months

Days

of death

1905 Feb

22

Age

65

5

Sex

Male

Color or
Race

White

Birth-
place

Montgomery Co

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Annie R Hallach

Father's
Name

George H Bowman

Father's
Birthplace

Montgomery Co

Mother's
Maiden Name

Eleanor H Bowman

Mother's
Birthplace

Montgomery Co

Name of person giving
Information

R Washington Bowman

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

How long

2 years

Immediate

Hypertensive Congestion & Macemia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

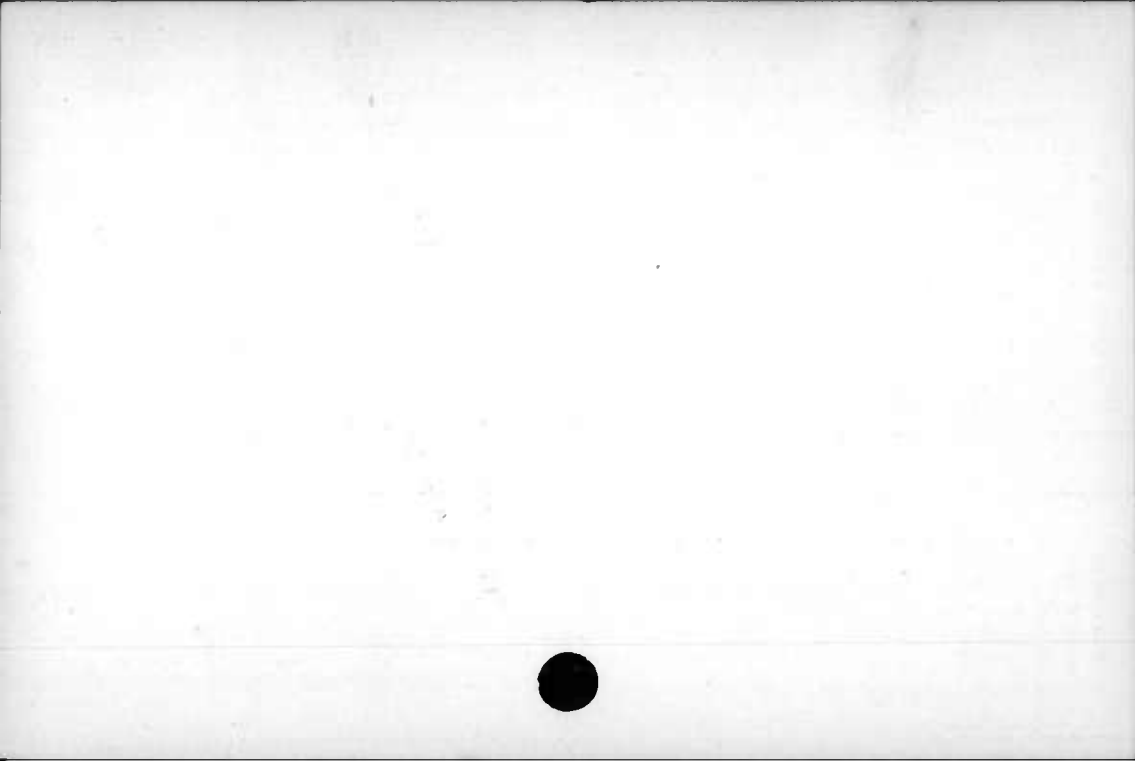
W H Dyson

Address

Laytonville Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

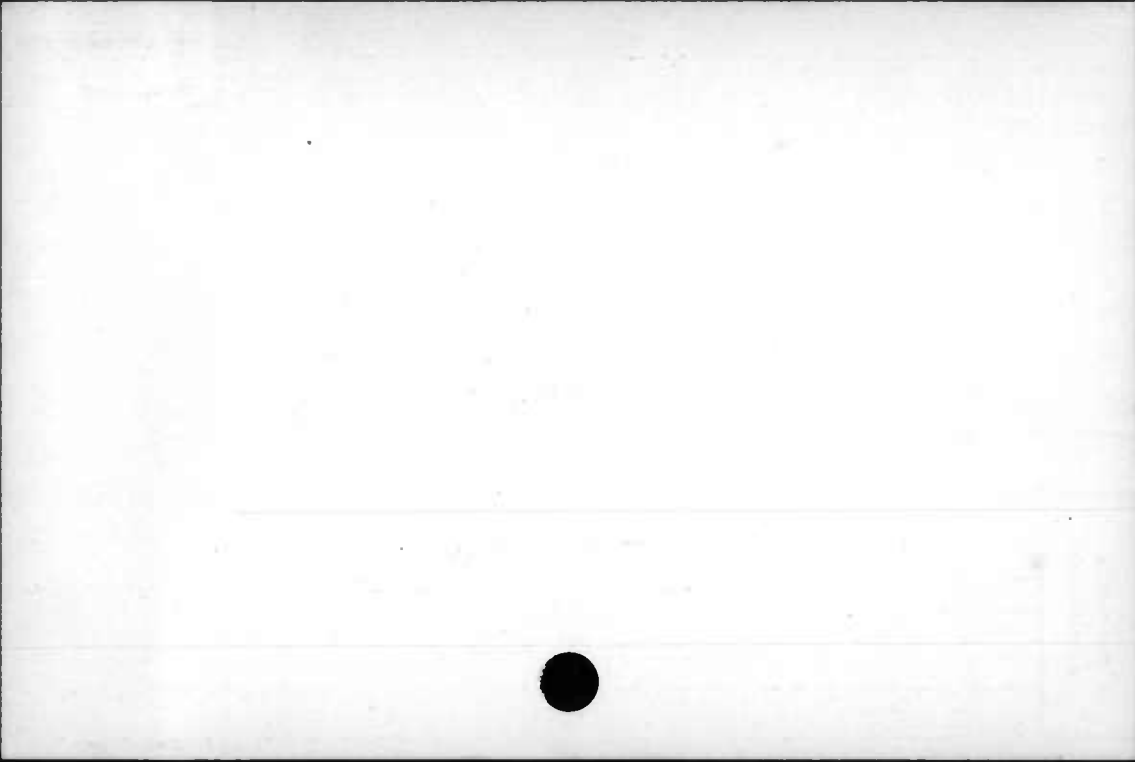
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>near Rockville</i>		^{County} <i>Montgomery</i>		MARYLAND	
Date of death	1906	Month	2	Day	2
Sex	Male	Color or Race	Negro	Years	2
Occupation	None	Birth-place	Maryland	Months	2
Married, Single or Widowed		Where Residing if not at place of death			
Single		Name of Wife or Husband			
Father's Name		Father's Birthplace			
James Bruner		Virginia			
Mother's Maiden Name		Mother's Birthplace			
Victoria Duff		Virginia			
Name of person giving information		How related to deceased			
James Bruner		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Grip</i>	How long	<i>Two weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Edward Anderson M.D.</i>	
		Address	
		<i>Rockville, Md.</i>	
Accident or Suicide?			
<i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

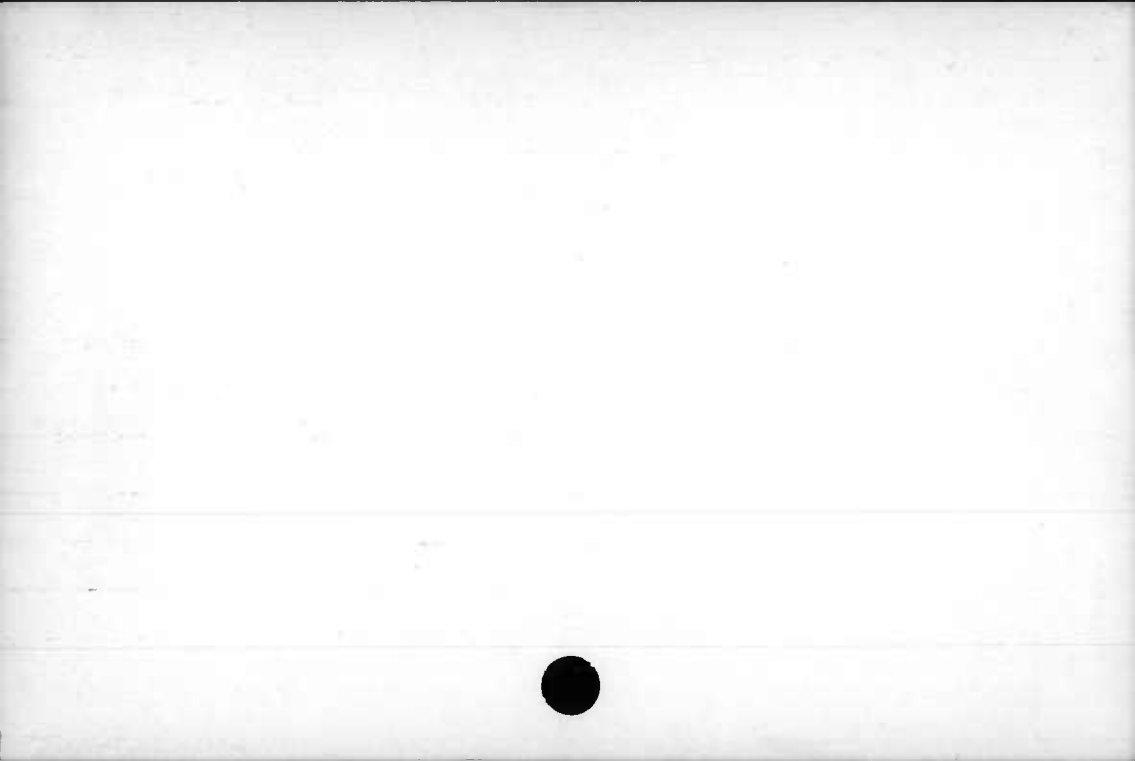
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Margaret Cornbush		Town Doorest Glen		County Montgomery		MARYLAND	
Died at		Date of death		Age		Months	
		1905 Feb 22		—		10	
Sex Female		Color or Race negro		Birth-place Md			
Occupation L		Where Residing if not at place of death L					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Chas. Cornbush		Father's Birthplace Md					
Mother's Maiden Name Annie Cheever		Mother's Birthplace Md					
Name of person giving information Joe Milton		How related to deceased none					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 3 days
Immediate Exhaustion	How long ✓
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. L. Lewis C. H. O.
	Address Kennedy Md
Accident or Suicide?	



Name is Full		William L. Duley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND	
		Died <i>near Potomac</i>		<i>Montgomery</i>			
		Date of death	Month	Day	Years	Months	Days
		190	2	26	72		
		Age					
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation		Where Residing if not at place of death					
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Pudgett					
Father's Name		Father's Birthplace					
Don't Know		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Don't Know		Maryland					
Name of person giving information		How related to deceased					
John B. Duley		Son					
CAUSES OF DEATH							
Primary		How long					
Prostatic Enlargement		Ten years					
Immediate		How long					
Senile Debility		Two months					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Edward Anderson M.D.					
		Address					
		Rockville Md.					
Accident or Suicide?							



Name
in
Full

Catharine Dwyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Wheaton ^{County} Montgomery

Date of death 1908 ^{Month} 2 ^{Day} 16 ^{Age} 83 ^{Years} 6 ^{Months} 25 ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Maryland

Occupation Housewife ^{Where Residing if not at place of death} Halpin, Md.

Married, Single ^{Name of Wife or Husband} Henry Dwyer

Father's Name Ninian Benson ^{Father's Birthplace} Maryland

Mother's Maiden Name Don't know ^{Mother's Birthplace} Maryland

Name of person giving information Henry Dwyer ^{How related to deceased} Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ^{How long} 154 ^{One month}

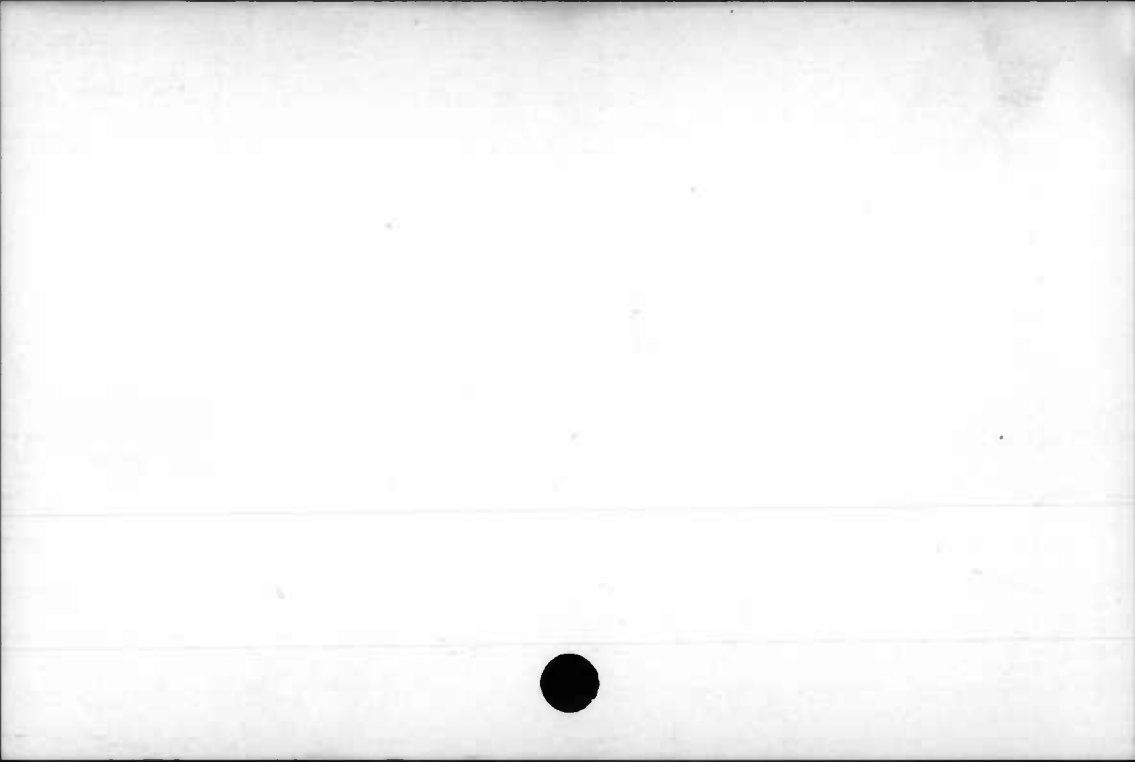
Immediate ^{How long} One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Edward Anderson M.D.

Address Rockville, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charlotte Forman
Gaithersburg Montgomery

Town County

Died at

Date of death *1905 Feb. 22* Age *56* Months Days

Sex *Female* Color *Ed* Birth-place *Gaithersburg*

Occupation *Housewife* Where Residing if not place of death *Gaithersburg*

Married, Single or Widowed *Married* Name of Wife or Husband *Paul Forman*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information *Sam Forman* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Diphtheria* How long *four days*

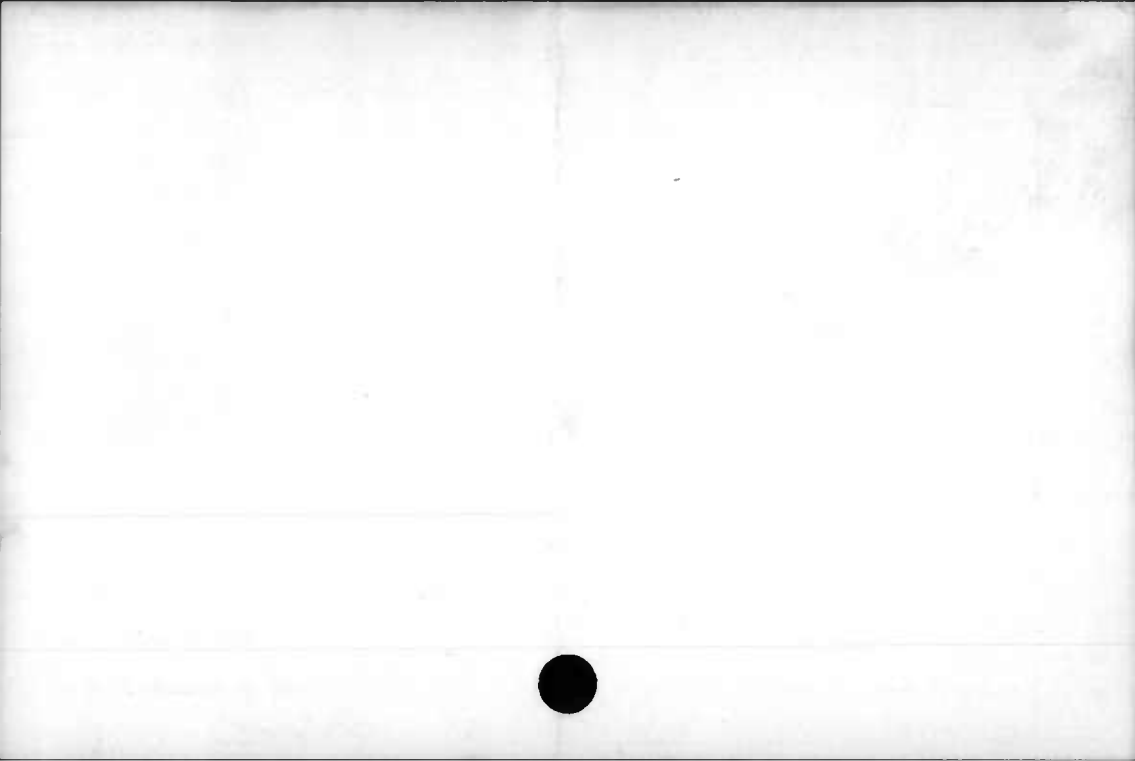
Immediate *Diphtheria* How long *four days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. E. Johnson*

Address *Gaithersburg*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

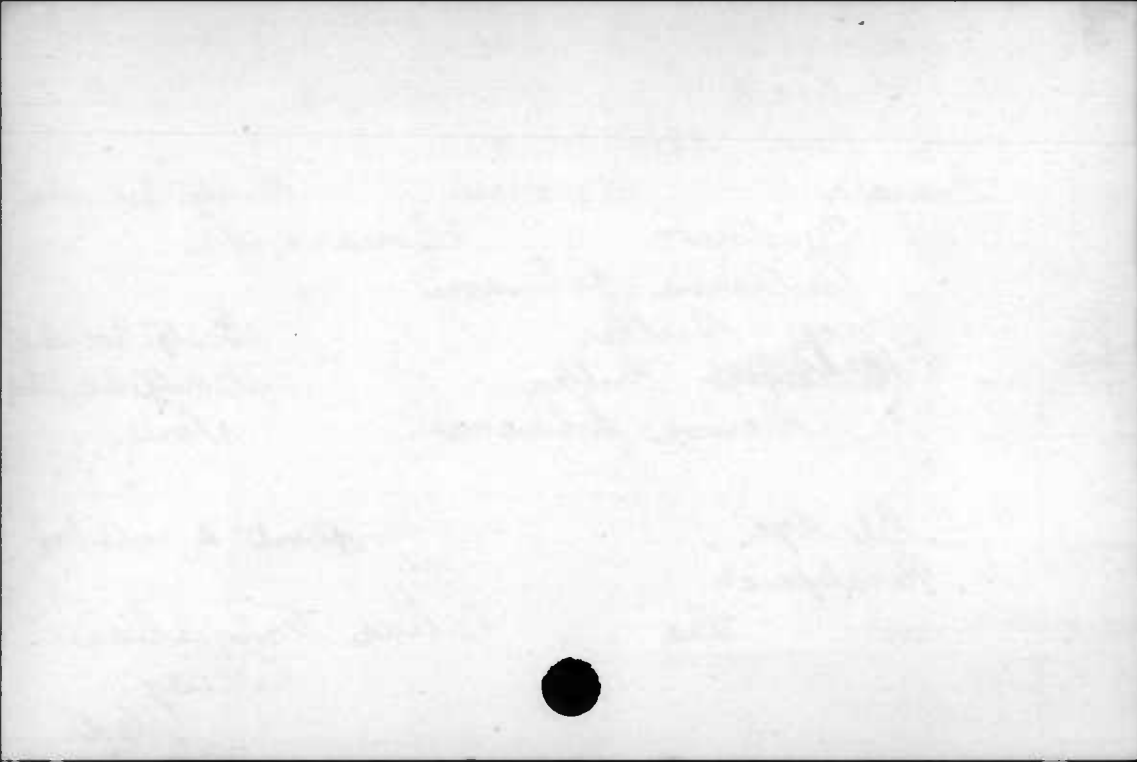
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death		190	Month	Day	Age	Years	Months	Days	
Sex		Male		Color or Race		White		Birth-place	Ma
Occupation		R.R. Agent		Where Residing if not at place of death		Same			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Josiah Harding		Father's Birthplace		Md			
Mother's Maiden Name		Mary Valentin		Mother's Birthplace		Md			
Name of person giving information		Mrs Ryley		How related to deceased		Sister			

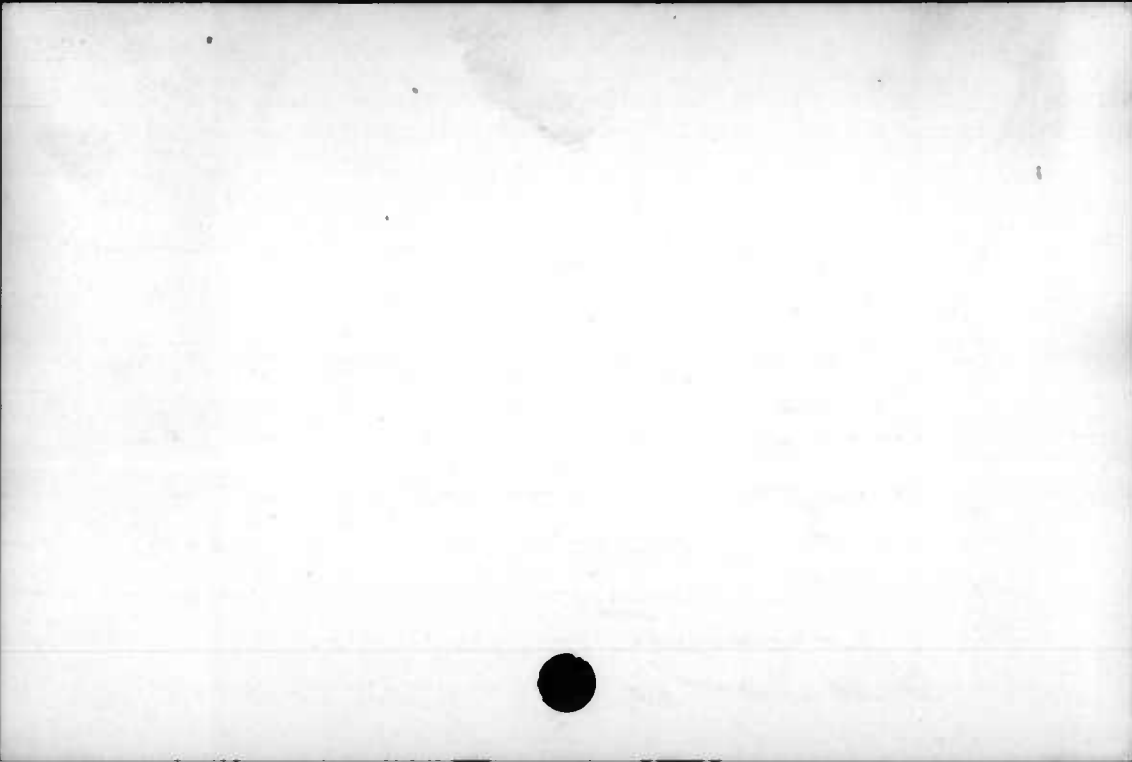
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Struck by locomotive	How long	
Immediate	Shock	How long	Few hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Eugene Jones	
Address		Knoxington Md	



Name in Full		Granville J. Harding				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cloverly		TOWN	
		Date of death		1905		FEB	
		Month		Day		Age	
		Years		Months		Days	
		Sex		Color or Race		Birth-place	
Occupation		Where Residing if not at place of death		MARYLAND			
Married, Single or Widowed		Name of Wife or Husband		Kate Williams			
Father's Name		G. J. Harding		Father's Birthplace		Md	
Mother's Maiden Name		Maggie Ayers		Mother's Birthplace		Franklin Md	
Name of person giving information		Father Harding		How related to deceased		Brother	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Pneumonia		How long	
		Immediate		Heart Failure		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		93	
		Signature of Physician		J. R. Patton		9 days	
		Address		Spencerine Md		2 days	
Accident or Suicide?							



Name in Full

Certificate of Death

Mary J. Johnson
 Town County

Died at *Chesburg**Montg.*

MARYLAND

1905
 Date ~~1905~~ *Feb. 25*

Month Day

Y. M. D.

Native of

Occupation

Age *74.4.**Married*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Name

Cause of Primary

General debility

Death Immediate

Pneumonia

How long sick

2 weeks

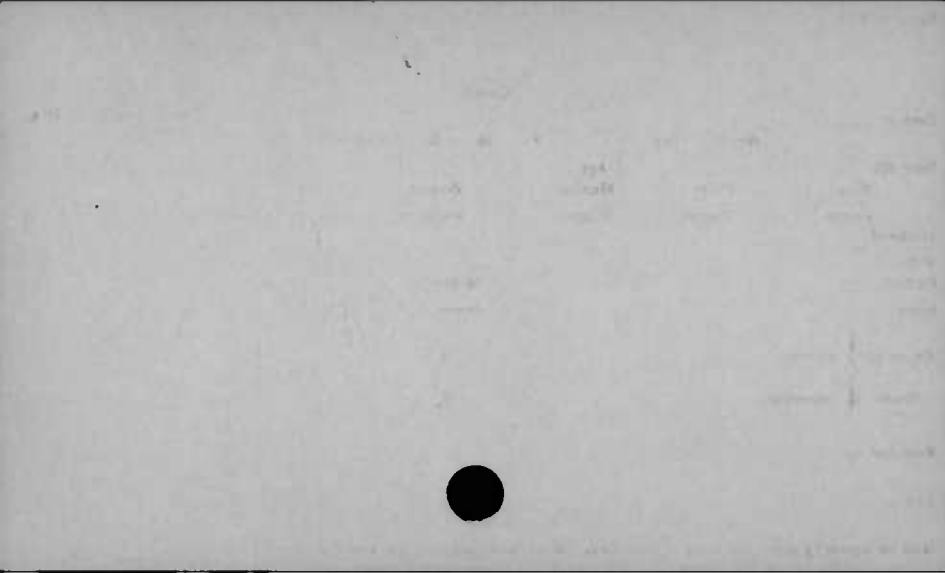
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Mrs. Sarah Jones

Town

County

Died at

MARYLAND

Date 19

05

Month

Day

Feb 12

Age

92.10.28

Native of

Occupation

Md

Housewife

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Primary

Gastritis

How long sick

3 weeks

Death

Immediate

Exhaustion

104

~~Accident, Suicide, Homicide~~

Reported by

B. W. Walling

Address

Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

11 3 24 1



Name
in
Full

CERTIFICATE OF DEATH

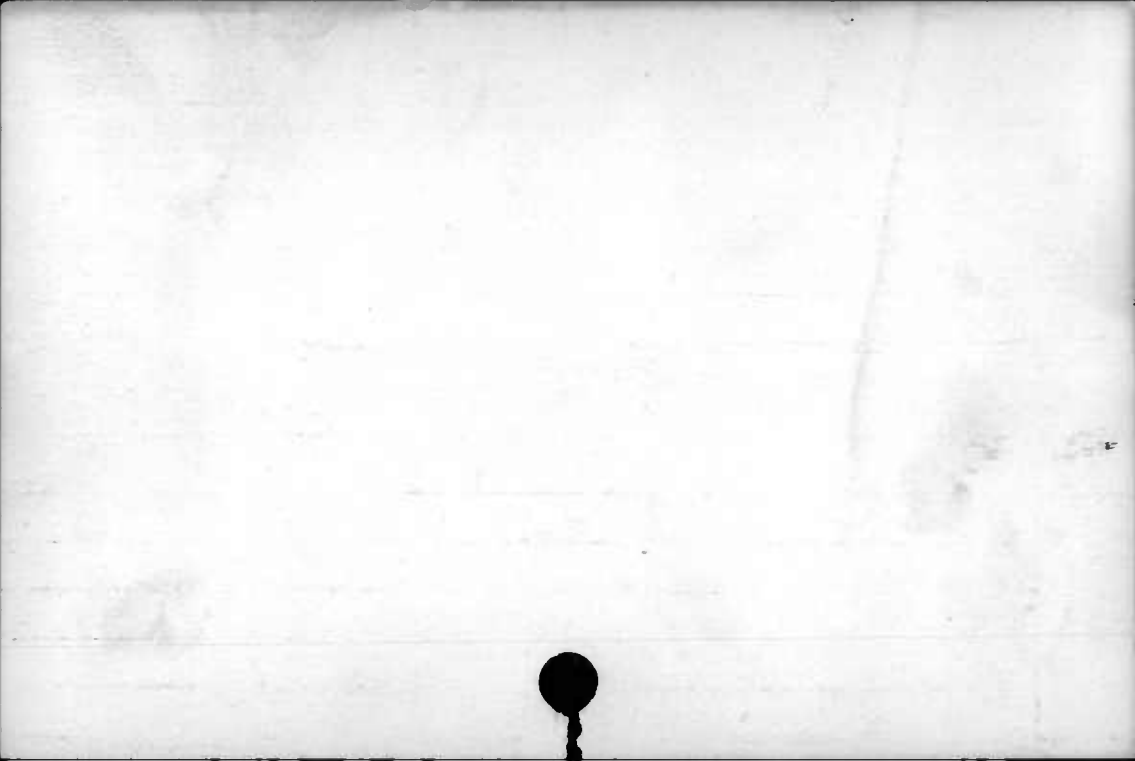
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Feb	10	57		2	24
Sex	Male	Color or Race	American		Birth-place	D.C.	
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Married		Annice Keithley					
Father's Name		Daniel Keithley		Father's Birthplace		D.C.	
Mother's Maiden Name		Martha Treelan		Mother's Birthplace		D.C.	
Name of person giving information		Annice Keithley		How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Dis. of Heart and Chronic Nephritis	How long	Several yrs
Immediate	Acute Nephritis	How long	One year
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Engelne Jones	
Address		Kensington Md	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Susan Mulligan

Died at Gaithersburg Montgomery County MARYLAND

Date of death 1905 Feb. 11 70 17

Sex Female Color or Race White Birth-place Delaware

Occupation Housewife Where Residing if not at place of death Gaithersburg

~~Married~~ or Widowed Widowed Name of Wife or Husband Henry Mulligan

Father's Name — Father's Birthplace —

Mother's Maiden Name Gilbert Mulligan Mother's Birthplace Tenn

Name of person giving Information Gilbert Mulligan How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Grip + Asthma How long Two Weeks

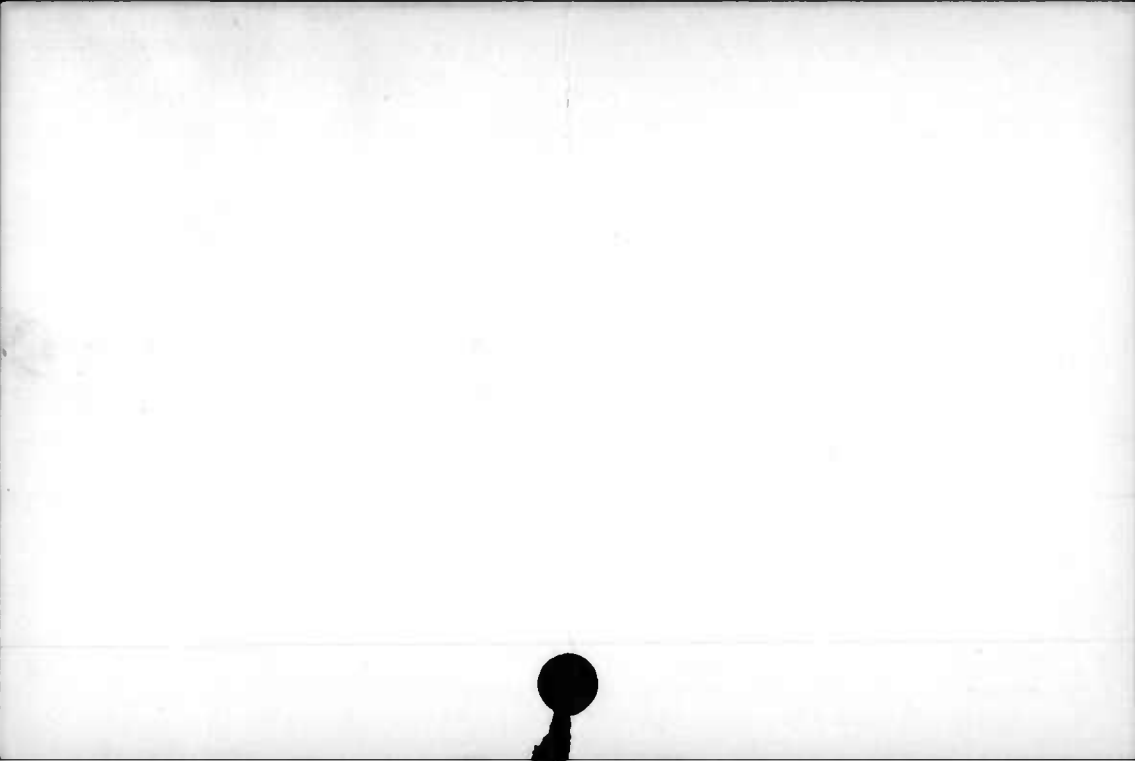
Immediate Exhaustion How long Two Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. B. Eldridge

Address Gaithersburg, Md.

Accident or Suicide? —



Name
in
Full

Helen Nelson

CERTIFICATE OF DEATH

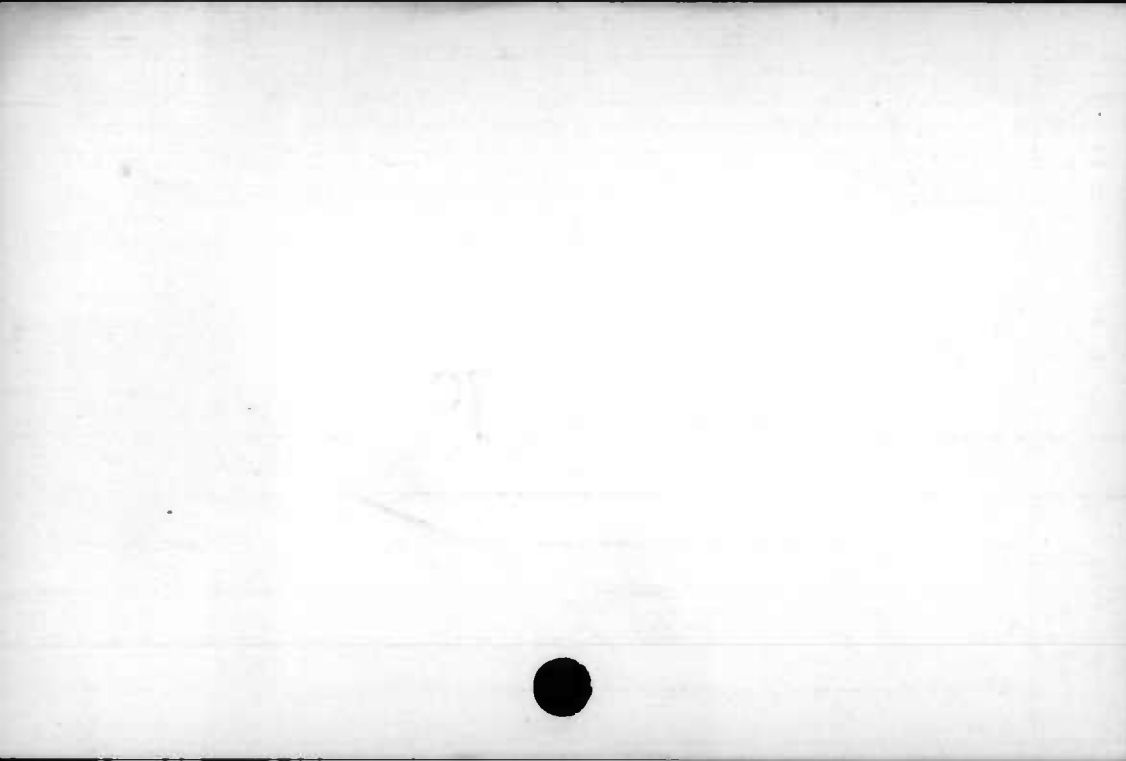
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>London</i> Town		<i>Montgomery</i> County			
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>27</i>	Age	Years	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary	<i>Capillary Bronchitis</i>	How long	<i>15 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Knight MD</i>	
		Address <i>Forest Glen Montgo Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Robert Aug. Prieth

Town

Elthison

County

Montgomery

MARYLAND

Died at

1905

Date

Month

Day

Y

M.

D.

Native of

Occupation

Feb. 28

Age 11

Maryland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband of

~~Wife~~

Father's

Name

Herman Carl. Prieth

Mother's

Name

Bertha Anna Prieth

Cause of

Primary

Typhoid pneumonia

How long sick

3 weeks

Death

Immediate

Prostration

~~Accident, Suicide, Homicide~~

Reported by

H. C. Spurgeon

Address

Mundy Rd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6555



Name
in
Full

Emma Josephka Proctor

CERTIFICATE OF DEATH

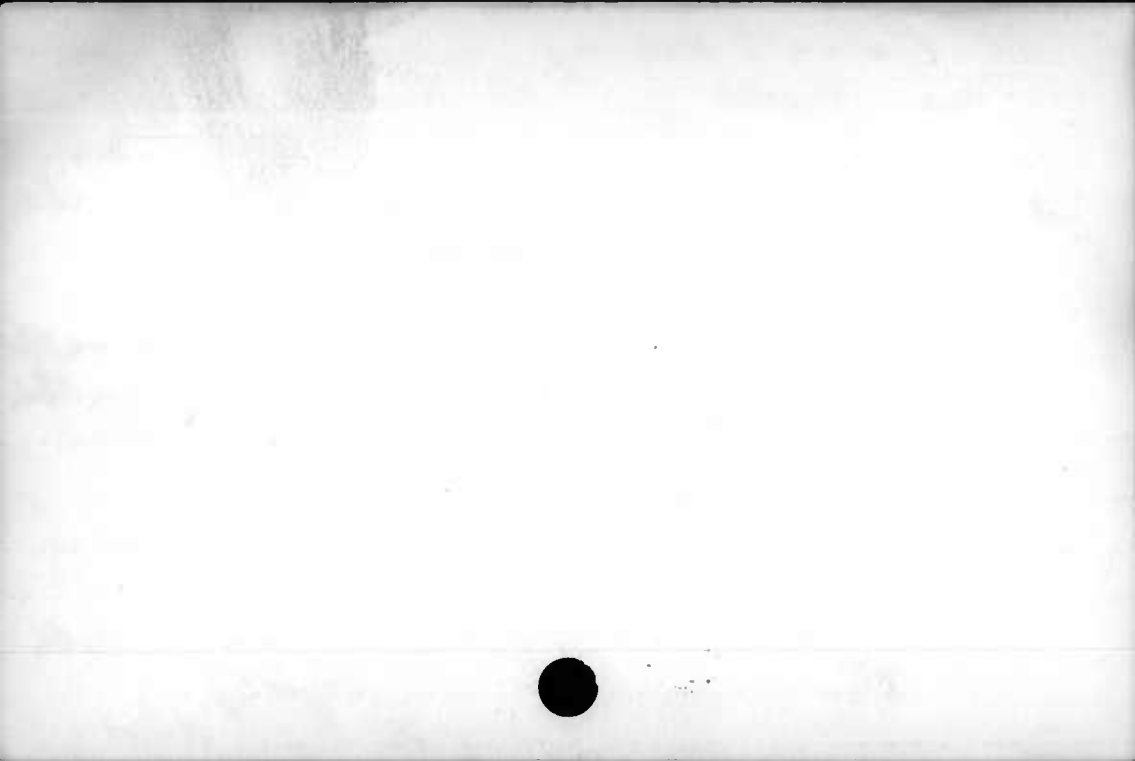
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martinsburg</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1901 February 9</i>		Month	Day	Age <i>1</i>	Years <i>2</i> Months <i>13</i> Days
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Rockville Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Martinsburg Md</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Walter Proctor</i>		Father's Birthplace <i>Rockville Md</i>			
Mother's Maiden Name <i>Carrie McPherson</i>		Mother's Birthplace <i>Rockville</i>			
Name of person giving Information <i>Chas McPherson</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>one month</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Galt Sub. reg</i>
	Address <i>Rockville Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Marion Lewis Pugh

Died at ^{Town} *Bethesda*County *Montgomery*

MARYLAND

Date *1905* Month *2* Day *27* Age *0 0 13* Y. M. D. Native of *Ind.* Occupation ☒

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of ☒

Wife

Father's Name *Lewis N. Pugh*Mother's Name *Hannie Susan Pugh*Cause of Death { Primary *Pneumonia*
Immediate *Exhaustion*How long sick *3 days*

Accident, Suicide, Homicide

Reported by

John L. Lewis, M.D.
Bethesda, Ind.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Robert Asbery Russell

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} near Grifton^{County} Montgomery

Date of death 1905

Month Feb.

Day 11

Age Years 1

Months 10

9

Days 28

Sex

Male

Color or Race

Colored

Birth-place

Montg. Co. Md.

Married, Single or Widowed

Single

Occupation

Name of Wife or Husband

Father's Name

George Washington Russell

Father's Birthplace

Montg. Co. Md.

Mother's Maiden Name

Mary Hearity

Mother's Birthplace

Montg. Co. Md.

Name of person giving information

Geo. W. Russell

How related to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

About 5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

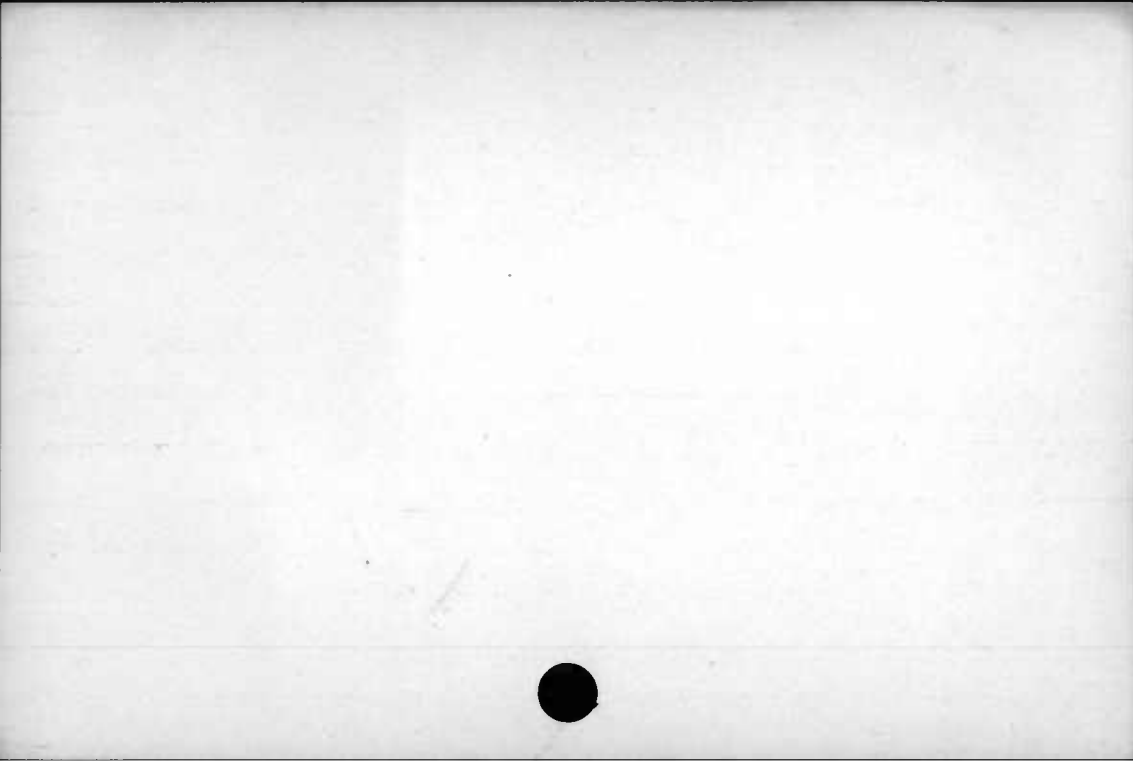
Address

Chas. Fargues, Jr. &

Albany Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs Mary A. Scott

CERTIFICATE OF DEATH

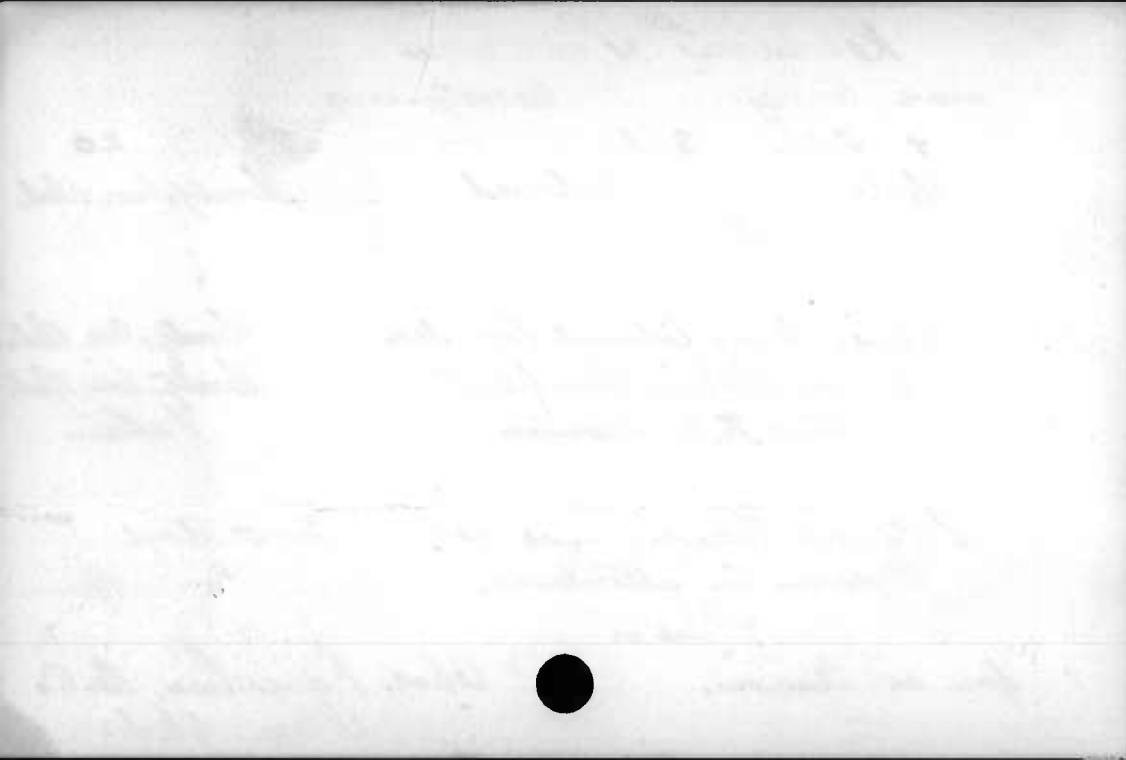
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cedar Grove		^{County} Montgomery		MARYLAND	
Date of death	1905	Month	2nd	Day	26th
Age		73	Years	9	Months
Sex		Female	Color or Race	White	Birth-place
Occupation		Housewife	Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband			
Father's Name		Charles R. Purdum		Father's Birthplace	
Mother's Maiden Name		Mary Shaw		Cedar Grove	
Name of person giving Information		Mrs. Jane D. Watkins		How related to deceased	
				Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	15-years
Immediate	Nephritis		How long	6 Mo
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		J. Newton Simpers		
Address		Germantown, Md.		
Accident or Suicide?				



Name
in
Full

Kernon Snowden

CERTIFICATE OF DEATH

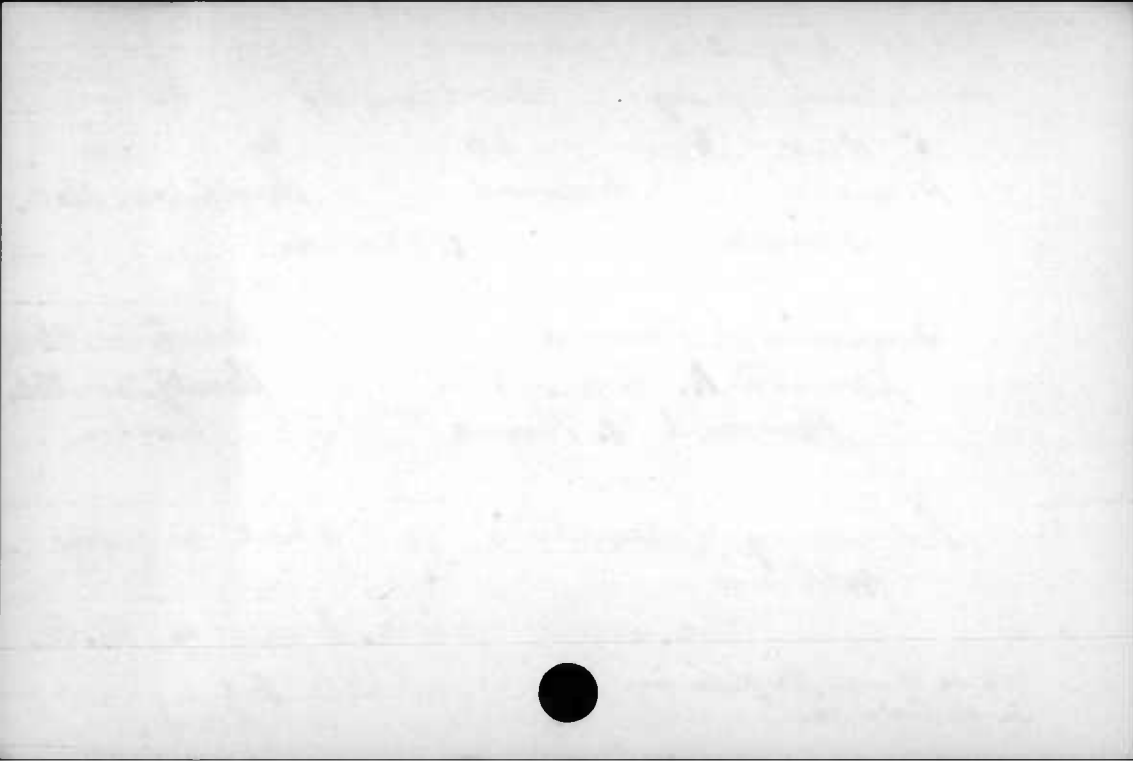
TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Olney</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Feb.</i>	Day <i>3rd</i>	Age <i>—</i>	Months <i>—</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas. Henry Edmund Snowden</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Barrie Lettie Campbell</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Chas. H. E. Snowden</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Supposed Pneumonia, as at</i>	How long <i>Two days</i>
Immediate <i>Physician in attendance.</i>	How long <i>193</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes or</i>	Signature of Physician
<i>for as known.</i>	Address <i>Chas. Farguhar, H. O. Olney, Md.</i>
Accident or Suicide?	



Name
in
Full

Lela Augusta Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Sandy Spring</i>		Town <i>Neoulgomery</i>		County		MARYLAND	
Date of death 1901	Month <i>Feb</i>	Day <i>3rd</i>	Years <i>20</i>	Months <i>2</i>	Days <i>6</i>		
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Neoulg. Co. Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Scholar</i>					
Name of Wife or Husband							
Father's Name <i>Benjamin J. Thomas</i>				Father's Birthplace <i>Neoulg. Co. Md.</i>			
Mother's Maiden Name <i>Martina A. Holland</i>				Mother's Birthplace <i>Neoulg. Co. Md.</i>			
Name of person giving information <i>Howard G. Thomas</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About a year</i>
Immediate <i>Assthemia</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes as</i>	Signature of Physician <i>Chas. Farguhar, M.D.</i>
<i>for as known. No physician in attendance.</i>	Address <i>Olney, Md.</i>
Accident or Suicide?	



Name
in
Full

Mable Van-Storn

CERTIFICATE OF DEATH

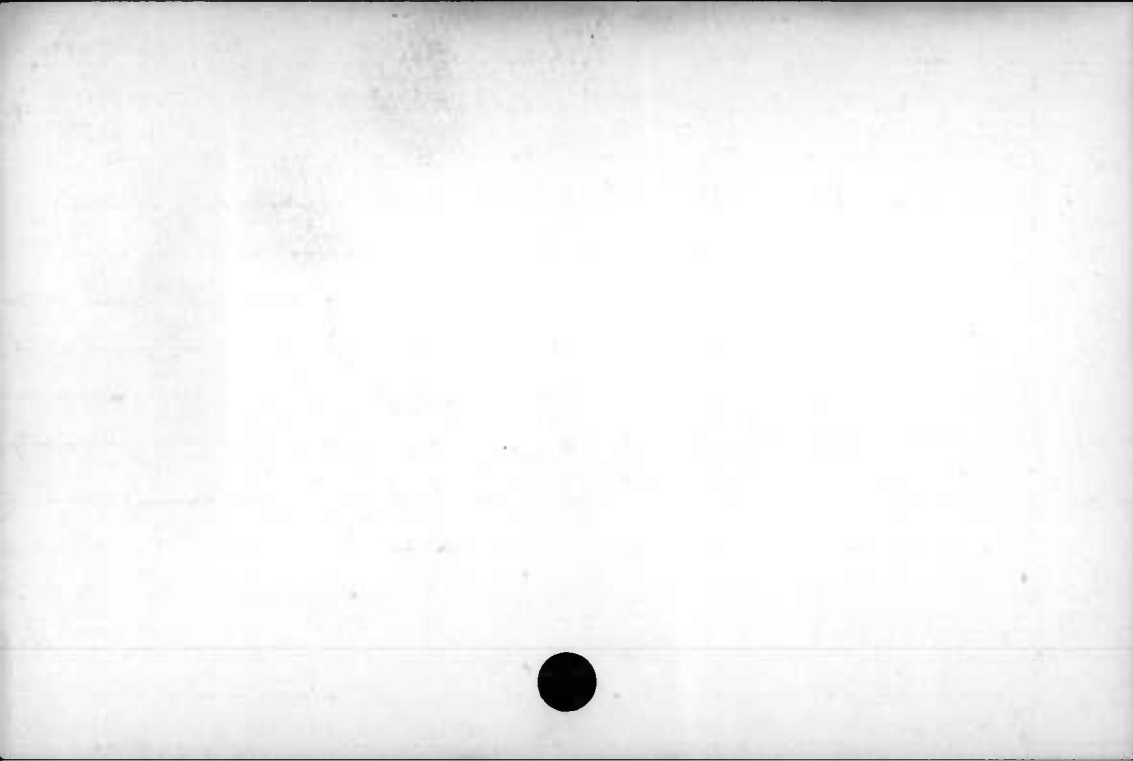
TO BE ANSWERED BY
NEAREST FRIEND

Died at Salver Spring ^{Town} <i>Salver Spring</i>		^{County} <i>Montgomery</i>		MARYLAND	
Date of death 190 ^{Month} <i>5</i> ^{Day} <i>21</i>		Age ^{Years} <i>0</i>		^{Months} <i>1</i> ^{Days} <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>			
Name of Wife or Husband					
Father's Name <i>John Hobbin Van-Storn</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Annie Tucker</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John A Van-Storn</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>One week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. J. Brown</i>	
<i>Yes</i>		Address <i>Salver Spring</i>	
Accident or Suicide?			



Name
in
Full

Lillian Brien Watkins

CERTIFICATE OF DEATH

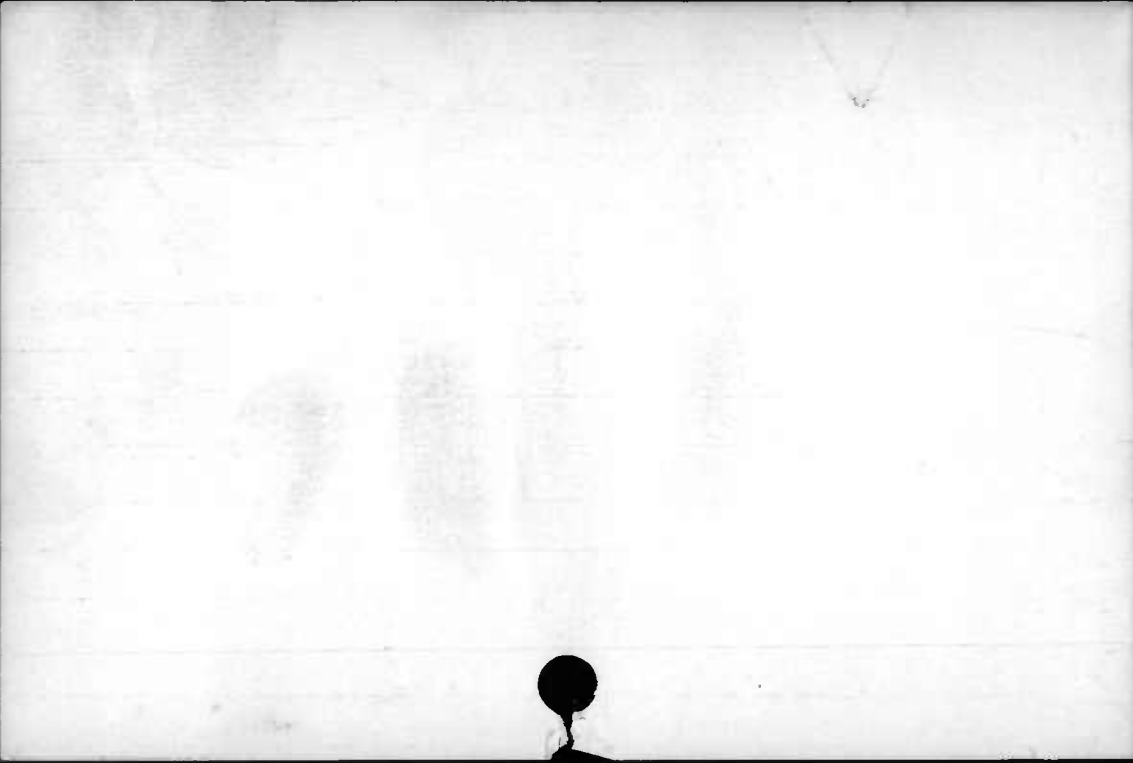
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>2</i>	Day <i>4</i>	Age <i>35</i> ^{Years}	Months <i>8</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Lady</i>		
Name of Wife or Husband <i>Washington Watkins Jr.</i>					
Father's Name <i>David Keener</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Washington Watkins Jr.</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>8 1/2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. M. [illegible]</i>
	Address <i>Rockville</i>
Accident or Suicide? <i>-</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

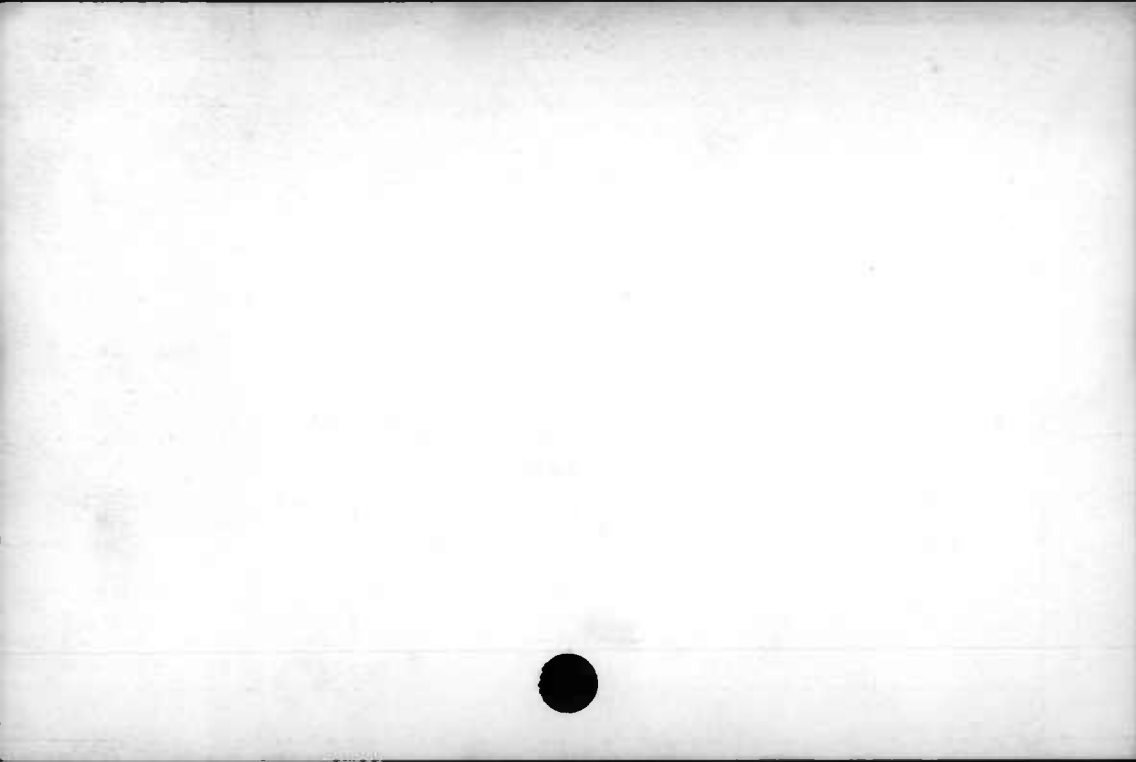
CERTIFICATE OF DEATH

MARYLAND

Died at		Town		County		
Funerary		Paw		Mary		
Date of death	Month	Day	Age	Years	Months	Days
1905	2nd	12	19	11	14	
Sex	Male	Color or Race	Negro	Birth-place	md	
Occupation	Lat.	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

Primary	Intergrowth of Spine	How long	6. mo.
Immediate	Exhaustion	How long	1
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. L. Davis
		Address	Bethesda.
Accident or Suicide?			



Mary Ann Wood

Died at ^{Town} Wnt Chewy Chase ^{County} Montgomery MARYLAND

Date ¹⁹⁰⁵ 1905 ^{Month} 2 ^{Day} 26 ^{Y.} 53 ^{M.} ^{D.} ^{Native of} ^{Occupation} Md. House-wife
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Single~~ ~~Widower~~
 Female Colored Single Widower Number of children living 3

Husband of /

Father's Name Mother's Name

Cause of Death { Primary Pulmonary Tuberculosis
 Immediate Exhaustion
 How long sick 1 year
 Accident, Suicide, Homicide

Reported by John L. Lewis, M.D.

Address Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

